

INSTRUCTIONS FOR COMPLETING BILLING/VERIFICATION (B/V) FORM

The form on the reverse side is the Mental Health Billing Verification (B/V) Form. It was designed for mental health providers to submit outpatient mental health counseling expenses to the State Board of Control (Board), which administers the Victims of Crime Program (Program). Board staff uses information on the form to verify expenses for payment. The form MUST be fully completed for payment to be considered. Incomplete forms will be returned. Only the B/V Form may be used as a bill. Services billed on this form may be reimbursed when:

- The claim has been found eligible by the Board;
- Services are provided by therapists who are licensed or otherwise authorized to receive reimbursements from the Program; and
- The percentage of treatment necessary to address the effects of the qualifying crime has been verified by Board staff.

Blank copies of this form may be copied. If the form is copied, we will accept only original signatures or initials. When completing this form, please remember:

- The submission of this form does not guarantee payment by the Board.
- The adult patient or legal guardian of a minor patient is ultimately responsible for any expenses incurred.
- All available sources of reimbursement must be billed first (in some cases, Medi-Cal can be the exception to this policy). Please be sure to check the “yes” or “no” box regarding Federal VOCA grants or matching funds.
- A separate B/V Form must be submitted for each qualifying direct or derivative victim receiving individual counseling. Family sessions involving the direct victim should be included on billing statements for the direct victim.

WHO COMPLETES THE B/V FORM – The provider is responsible for completing Section I and signing the form under the “Provider Declaration” statement. The B/V Form should not be submitted more than once a month, unless treatment has terminated.

WHERE TO SUBMIT THE B/V FORM – Submit the form to the Board at: P.O. Box 230, Sacramento, CA 94812. If the claim is being processed by a local Victim Witness Assistance Center, submit the form directly to the Center’s verification unit. If you are unsure who is processing the claim, you may call the Board’s toll-free number below or ask the patient.

WHERE CAN MORE B/V FORMS BE OBTAINED AND WHERE TO CALL WITH QUESTIONS: – If original copies are needed, or for specific questions on completing the form on existing claims, providers may call the Board toll-free at 1-800-777-9229.

TREATING THERAPIST INFORMATION – The name of the actual treating therapist, whether a licensed therapist or a registered intern, must be listed in the “Name of Treating Therapist” section. Information on the therapist supervising an intern who provides treatment must be listed in the “Supervising Therapist” section. If the treating therapist is not licensed, list the address and tax identification number of the treating therapist’s supervisor or the organization or facility’s name, whichever is to be designated as the payee.

TOTAL CHARGES – DO NOT include balance forward information.

PATIENT DECLARATION – The patient, or the parent or guardian of minor patients, must sign in Section II to confirm the relevance and receipt of the services for which payment is claimed.